



Continued 1.

Name Of Defendant 6

Dr. Peter Baddick

Name Of Defendant 7

Jenna Williams

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

Cox, Michael

Name (Last, First, MI)

CW-6376

Inmate Number

Place of Confinement

SCI-Mahanoy

Address

301 Grey Line Drive.

City, County, State, Zip Code

Frackville, PA 17931

Indicate whether you are a prisoner or other confined person as follows:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Name (Last, First)

Mason, Bernadette

Current Job Title

SCI-Mahanoy Superintendent

Current Work Address

301 Grey Line Drive.

City, County, State, Zip Code

Frackville, PA 17931

(II B) Continued

Defendant 2:

Well-Path Corporation

Name (Last, First)

Current Job Title

Sub-Contrator

Current Work Address

Unknown

City, County, State, Zip Code

Unknown

Defendant 3:

Name (Last, First)

~~Correct Care Solutions~~

Current Job Title

Sub-Contractor

Current Work Address

Unknown

City, County, State, Zip Code

Unknown

Defendant 4:

Name (Last, First)

Pam Smith

Current Job Title

Prior Health Care Administrator

Current Work Address

Unknown

City, County, State, Zip Code

Unknown

Defendant 5:

Name (Last, First)

Dr. Lascalzo

Current Job Title

Physician

Current Work Address

Unknown

City, County, State, Zip Code

Unknown

Defendant 6:

Name(Last, First)

Baddick, Peter

Current Job Title

Medical Director

Current Work Address

SCI-Mahanoy

301 Grey Line Drive

City, County, State, Zip Code

Frackville, PA 17931

Defendant 7

Name(Last, First)

Williams, Jenna

Current Job Title

Assistant Physician

Current Work Address

Unknown

City, County, State, Zip Code

Unknown

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

This all started on January 4th 2021, at SCI-Mahanoy medical department, my hands and feet were numb, (not the pins and needles numb), like when your out in the cold too long and you come back inside and start to thaw out your hands and feet. They start hurting and they're numb for a while. That's how my feet and,

B. On what date did the events giving rise to your claim(s) occur?

My first sick call was January 4, 2021. After that it was week after week. (See exhibit III B1), the exhibit lists all the dates I was seen by medical.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

The facts are as follows: Because of medical departments lack of treatment, I became disabled. When I needed a walker and or a wheelchair they told me I had to move to another block, instead of finding what was wrong with me.

PA Jenna Williams deliberately withheld medical treatment because she thought I was lying. She said as much on February 18th in the nurses station that morning. C/O Daniel Miller will colaberate same as he was there that morning.

Their untimely actions made me disable, then instead of trying to find out what was wrong with me, they moved me because the Honor Block doesn't have wheelchair permitted. Discriminating against me for needing a wheelchair. Exhibit III C1 will prove that Plaintiff is disabled, please note the highlighted area, and that is by Dr. Peter Baddick, Doctor in charge, on the Initial Review Response (exhibit B1) at the bottom it clearly states that PA Williams ordered me to the emergency room, then on exhibit III C2, it clearly state that Dr. Loscalzo was thge referring Practitioner on the emergency transfer form.

PA Williams clearly put out misinformation when saying she was the one to order me to the emergency room.

(see attached sheet)

Continued Page 4.

III (A) continued

hands were all the time. I signed up for sick call, (this was all during the COVID period) so the PA's were coming to each housing unit, without anyone's medical records. Weeks after I signed up for sick call, and was telling PA Jenna Williams that this was something serious.

I even went as far as asking for a MIR, to know avail.

(See attached III A-1).

The only thing they did, was basically nothing. Week after week, telling them something seriously was wrong with me. It got worse week after week.

#### IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

(42 U.S.C. § 1983)

1) Eighth Amendment violation: Deliberate Indifference when PA Jenna Williams called Plaintiff a faker and liar on February 18, 2021, when Plaintiff was waiting to go to the emergency room at Pottsville PA. This showed the Plaintiff that she really wasn't treating Plaintiff for 8 1/2 to 9 weeks. That whole time she thought Plaintiff was lying so basically she thought the Plaintiff should not have treatment. PA Williams let it go for almost 9 weeks, by then Plaintiff couldn't feel his legs, letv alone walk.

2) American Disability ACT: The medical Department gave the Plaintiff almost no medical treatment which left Plaintiff disable.

They also told Plaintiff that Plaintiff couldn't be on the Honor block with a wheelchair.

They denied Plaintiff access to live on the block that Plaintiff had been on for almost (4) four years, all because Plaintiff had a wheelchair.

#### V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Plaintiff will be in a wheelchair for the rest of his life. The Plaintiff has pain in his forearms and hands, below the knees all the way to the toes. It's a mixture of numbness and pain.

(See attached sheet continued)

#### VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

(See attached sheet)



VI Continued Page 5 Continued

The Plaintiff would like the Court to make each defendant pay monetarily so that when Plaintiff gets out, Plaintiff must seek a place to live that is handicap accessible.

The Plaintiff would also like each defendant to be retrained so that no one else goes through what the Plaintiff went through.

Page 5 Continued

(V.) Continued

Pain at the incision line on the back of the neck.

Plaintiff cannot walk, mostly drags feet when using walker.

Still no equilibrium, if Plaintiff doesn't have something to hold on to, Plaintiff will fall over.

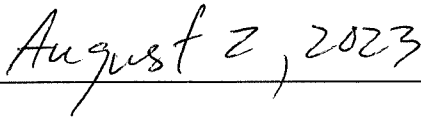
## VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

**CERTIFICATE OF SERVICE**

I, Michael Cox, Pro Se Plaintiff, hereby certify that on <sup>Aug 2<sup>nd</sup></sup> [REDACTED], 2023, I caused to be served a true and correct copy of the Brief in Support of Motion Federal Rule 16 (b), to the following and was sent by First Class mail postage paid to the following:

**By United States Mail Only:**

Office of the Clerk  
U.S. Federal District Court  
U.S. Courthouse/Suite 218  
240 West Third Street  
Willimspport, Pa. 17701-6460

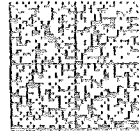
Weber Gallagher  
Four FPG  
5<sup>th</sup> Floor  
Pittsburgh Pa.  
15222

Tyler Jefferies  
Deputy Attorney general  
Ligitation Section/15th Floor  
Strawberry Square.  
Harrisburg, Pa. 17120

Michael Cox, CW-6376  
SCI-Mahanoy  
301 Grey Line Drive  
Frackville, PA. 17931

S.C.I. Mahanox  
301 Grey Line Drive  
Pottsville Pa.  
17931

INMATE MAIL  
PA DEPT OF  
CORRECTIONS



quodient  
FIRST-CLASS MAIL  
IM1  
\$002.07  
08/04/2023 ZIP 17901  
043MT31230995

RECEIVED  
WILLIAMSPORT

AUG 07 2023

PER EA  
DEPUTY CLERK

Office of the Clerk  
U.S. Federal District Court  
U.S. Courthouse / Suite 218  
240 W Third Street  
Williamsport Pa.  
17701-6460